

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

APPLICATION FOR REINSTATEMENT
FOLLOWING ADMINISTRATIVE
DISSOLUTION/REVOCATION
(LLC)

For Office Use Only

Pursuant to the provisions of §48-245-303 or §48-246-503 of the Tennessee Limited Liability Company Act or §48-259-606 or §48-249-910 of the Tennessee Revised Limited Liability Company Act, this application is submitted to the Tennessee Secretary of State for reinstatement.

1. The name of the Limited Liability Company is _____

(Name change if applicable) _____

2. The effective date of its administrative dissolution/revocation is _____
(must be month, day and year)

3. The ground(s) for the administrative dissolution/revocation

☐ did not exist.

☐ has/have been eliminated.

[NOTE: Please mark the applicable box]

4. The Limited Liability Company name as listed in number one (1) satisfies the name requirements of Tennessee Limited Liability Company Act or Tennessee Revised Limited Liability Company Act, as applicable.

5. The Limited Liability Company control number assigned by the Secretary of State, if known is

_____.

Signature Date

Name of Limited Liability Company

Signer's Capacity

Signature

Name (typed or printed)